

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							F	ILE NUMBE	R
1. IS THIS AN AMENDMENT?	ì⊠′ves ⊺	□ No. If Ves	nlease enter	the file n	ımher in	this hov —	,		
SECTION A. CANDIDATE								nossiblo	
2. Last Name	First		Middle N		Nic	kname	3. Ty	pe of Committee (
DAVIS	1	osepH	RXA	ALEY	N.	10MMA B		andidate's Principal ploratory Committe	
4. Mailing Address (number and street, city,	state, and ZIP c	ode)	474N1	5. FAX (Opti	onal)		mail Address		1
530 S. WASHING	STON	ST., BLMTA	1. IV	$ _{C} \setminus N$	/ A	lba	lebuil.	deragmo	i/.com
7. City	State	ZIP Code	8./County		9. Telepho	one (Day)	10. Tele	phone (Evening)	
BLODMINGTON 11. Party Affiliation	IN L	1740 / CANONA	MONRO	Office Sought	(930) 9	istrict number if a	8 (812)	339-30	(committee)
☐ Democratic ☐ Libertarian ☐ Repul	blican XOth	ner INDBP KNUZ	BUT N	TON KIE	(D. C	DUNTY (JUNCIL	d for an exploratory	RGE
SECTION B. COMMITTEE	INFORM	IATION: Fill i	in all applic	able box	es as fi	ılly and acc	urately as	possible.	
13. Full Name of Committee (Do not abbreviate.) Scheck if this is a new name. TOSEPH B. DAVIS FOR COUNTY COUNCIL AT LARGE									
14. Mailing Address (number and street, city	state, and ZIP	code)	this is a new add	iress. 15. FA	I 上介 X (Optiona	1) 16. E	-mail Address	(Optional)	
530 S. WASHIN	CTON S	T		(` <i>i</i> V/#	A 1		end ama	il con
17. City	State	ZIP Code	18. County		19. Teleph	one	20. Comr	ittee Organization	Date
<u> </u>	9-1	7401	MONRO) E	1930 ·	-904-059	8 AMEN	OPINIEN:12 1601: 12-11-	2023
21. Chairperson's Full Name Designate Candidate as Chairperson.									
22. Mailing Address (number and street, city		VIS	thin in a naw ada	roce 22 EA	Y (Ontional	n 24 E	-mail Address	(Ontional)	
530 S. WASHWO		ST.	ulis is a flew auc	11ess. 23. FA	. \ \	`a' \	ϵ ϵ	ler Dam	-1/.0
25. City	State	ZIP Code	26. County	1(27. Teleph		28. Tele	phone (Evening)	9777
BLOOMINGTON	20 L	17401	mourdi	(77	(930-	904-05	98/812	339-30	17
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)									
PEOPLIE'S STATE BANK (OF BLODMINGTON) 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) 31. Salaries and Reimbursements (VVIII the committee pay the cardidate a salary of reimbursement for lost wages? If Yes, attach a copy of the contract.) Yes Yes									
SECTION C. APPOINTME	NT OF T	REASURER (IC 3-9-1-14	1					
			7 7 -			Signature of the	Committee C	hairperson	
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee.	g person	as Josep	H BRADI	LEY DA	VIS	Cloud	Gred	len () ~	ـر
33. Treasurer's Full Name X Design	ate candidate	e as treasurer. 🔲	Check if this is	a new treasur	er.	7		70	
JOSEPH BRADLEY 34. Malling Address (number and street, city	DAU(S Chock if	this is a navy ada	roop 25 EA	V (Ontions	0 26 5	-mail Address	(Ontional)	
530 S. WASHING	State, and ZIP	ST Check ii	illis is a flew auc	11622. 33. FA		A 1.	le h	(Optional)	
37. City	State	ZIP Code	38. County	1(39. Teleph	none (Day)	40. Tele	phone (Evening)	7001 / CLO
BLOOMINGTON	IN L	17401	MONRO	E	830			339-30	
SECTION D. ACCEPTANC				5)					
41. I give notice that I accept to Committee. I am not the chairp	the duties serson of a	and responsibi a campaign fina	lities of Trea	isurer of ti ee (except	ر مراجد	/ / /	N //	Appointment	
permitted for a candidate committ	ee under l	C 3-9-1-7).				over 1 3	radley	b) M	STATE V
SECTION E. CERTIFICAT We certify as the candidate and	ON OF S	appointed Cha	sirnerson of	the Comm	ittee and	that we have		OFFICE USE	
examined this statement. To the b	est of our	knowledge and l	<u>pelief it is true</u>	, correct ar	id comple	ete.			
42. Typed or Printed Name of Cha	-	Signature of C	hairperson	Λ	1	te (mm/dd/yy)	de la constant de la	DEO 4 1 202	
0 0 0	<u>JAVIS</u>	Jonun!	Snafley	to and		2-11-23 te (mm/dd/yy)	4	DEC 1 1 202	.3
43. Typed or Printed Name of Can		Signature of C	andidate /			2-11-2.3	CLEDI	MONDOE CIDO	IIT COURT
TOSEPH BRADLEY D Warning: State law requires that any o		Joseph Information to	Orapley	The suc o	<u> </u>		_	MONROE CIRCL	JII GOOKI
person who knowled files a fraudulent	report comm	its a Level 6 D felo	nv <i>(IC 3-14-1-1</i>	3). A person v	vho fails to	file a complete o	or		
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC	ına Campaig 3-9-4-17, and	n Finance Law com IIC 3-9-4-18).	imits a Class B	misgemeano	(IU 3-14-)	<i>i-14)</i> , and may b	6		